	<u>ښ</u> .
	ã.€
/SB/05 (01-04) MB 0651-0032	7,57
COMMERCE	ွထ

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attomey Docket No. 35483US1

First Inventor Gary Fisher

Title INTEGRATED...ZONE CONTROLS

Express Mail Label No. EV081247642US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 18] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. The Drawing(s) (35 U.S.C. 113) [Total Sheets 6] 5. Oath or Declaration [Total Sheets] a. Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other: Check
18. If a CONTINUING APPLICATION, check appropriate box, and suppl specification following the title, or in an Application Data Sheet under 37	ly the requisite information below and in the first sentence of the CFR 1.76:
Prior application information: Examiner For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the 5b, is considered a part of the disclosure of the accompanying continuation of the incorporation can only be relied upon when a portion has been inadverted.	or divisional application and is hereby incorporated by reference. ently omitted from the submitted application parts.
19. CORRESPOND	ENCE ADDRESS
Customer Number: 00116	OR Correspondence address below
Name	
Address	
City	State Zip Code
Country	lephone Fax
Name (Print/Type) Ronald M. Kachmarik Signature Oneld Machmarik	Registration No. (Attorney/Agent) 34512

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-P7O-9199 and select option 2.

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known CCC TO A NICMITTAL

Filing Date Filing Date First Named Inventor Gary Fisher Examiner Name Art Unit METHOD OF PAYMENT (\$) 1000 METHOD OF PAYMENT (check all that apply) M
Effective 10/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27
Art Unit TOTAL AMOUNT OF PAYMENT (\$) 1000 Attorney Docket No. 35483US1 METHOD OF PAYMENT (check all that apply) Check Credit card Money Order Other None Order Other None Order Other
Art Unit TOTAL AMOUNT OF PAYMENT (\$) 1000 Attorney Docket No. 35483US1 METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Code (\$) Deposit Account: Deposit Account: Number Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Code (\$) Code (\$) Deposit Account: Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below
Check Credit card Money Other None Deposit Account: Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments 3. ADDITIONAL FEES Small Entity Small Entity
Deposit Account: Deposit Account: Deposit Account: Deposit Account: Deposit Account: Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Deposit Account: Fee Fee Code (\$) 1051 130 2051 65 Surcharge - late filling fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 Non-English specification 1812 2,520 1812 2,520 For filling a request for ex parte reexamination 1804 920* Requesting publication of SIR prior to
Deposit Account: Deposit Account Account Number Deposit Account Number Deposit Account Number Deposit Account Number Deposit Account Name Pearne & Gordon LLP The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Credit any overpayments 1804 920* 1804 920* Requesting publication of SIR prior to
Deposit Account Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Code (\$) 1051 130 1052 50 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filling a request for ex parte reexamination 1804 920* Requesting publication of SIR prior to
Number Deposit Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below X Credit any overpayments The Director is authorized to: (check all that apply) Charge fee(s) indicated below X Credit any overpayments The Director is authorized to: (check all that apply)
Account Name The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments The Director is authorized to: (check all that apply) 1053 130 1053 130 Non-English specification 1812 2,520 For filling a request for ex parte reexamination 1804 920* Requesting publication of SIR prior to
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments X Charge any additional foo(s) or any undergoyment of foo(s). 1812 2,520 For filling a request for ex parte reexamination 1804 920* Requesting publication of SIR prior to
Charge fee(s) indicated below
Character (a) indicated halous associated (in the control of the c
Charge fee(s) indicated below, except for the filing fee 1805 1,840* Requesting publication of SIR after Examiner action
FEE CALCULATION 1251 110 2251 55 Extension for reply within first month
1. BASIC FILING FEE 1252 420 2252 210 Extension for reply within second month
Large Entity Small Entity 1253 950 2253 475 Extension for reply within third month Fee Fee Fee Fee Fee Description Fee Paid 1254 1 480 2254 740 Extension for reply within fourth month
Code (\$) Code (\$)
1001 770 2001 385 Utility filing fee 7770 1255 2,010 2255 1,005 Extension for reply within fifth month
1002 340 2002 170 Design filing fee
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal 1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing
1005 160 2005 80 Provisional filing fee 1451 1,510 Petition to institute a public use proceeding
SUBTOTAL (1) (\$) 770 1452 110 2452 55 Petition to revive - unavoidable
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE
Fee from 1501 1,330 2501 665 Utility issue fee (or reissue)
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee
Independent Claims 4 - 3** = 1 x 86 = 86 1460 130 1460 130 Petitions to the Commissioner
Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)
Large Entity Small Entity Fee
Code (\$) Code (\$) 8021 40 Recording each patent assignment per
1809 770 2809 385 Filing a submission after final rejection
1201 86 2201 43 Independent claims in excess of 3 (37 ČFR 1.129(a)) 1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be
1204 86 2204 43 ** Reissue independent claims examined (37 CFR 1.129(b))
over original patent 1801 770 2801 385 Request for Continued Examination (RCE) 1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 1802 900 Request for expedited examination
and over original patent of a design application
SUBTOTAL (2) (\$) 230 Other fee (specify)
**or number previously paid, if greater, For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)
SUBMITTED BY (Complete (# applicable))
Name (Print/Type) Ronald M. Kachmarik Registration No. (Attorney/Agent) 34512 Telephone 216-579-17
Signature Nord MM Date 04/09/04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.